![GIG Cymru NHS Wales | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 November 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce Plan – Strategic Refresh, Workforce Gap Analysis and Implementation Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tracy Walmsley, Head of Strategic Workforce Planning and Transformation

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development & Culture Committee is asked to note the content of this report for assurance on the approach being taken to create a comprehensive and coherent workforce plan.

This report encapsulates a number of appendices that address the following elements to give a robust response to the positive challenges framed by the Committee to enable a comprehensive and coherent Workforce Plan:

1. A review of workforce risks to date, with an approach to create a "tactical" workforce plan.

2. A case study of how the Strategic Workforce Planning (SWFP) team have applied "operational" and "strategic" workforce planning approaches to the Workforce Regeneration Framework.

3. A proposal of how the SWFP team will work to develop operational workforce plans across the Health Board and Health System.

4. A review of how the SWFP team's current workforce strategy meets the challenges of today and areas of exploration for the Committee to consider in the future approach against workforce supply and demand challenges.

5. A proposal of how the SWFP team will integrate Strategic Workforce Planning into the fabric of organisational planning processes addressing gaps in controls for third party review.

This builds on the previous report and will inform the Workforce Plan for the Annual Plan 2024/5.

Cefndir / Background

The Health Board is committed to the highest levels of People Management and Compassionate Leadership, to this end, and as noted within the Wales Audit Office response work the Health Board will commence on a Workforce Strategy Refresh to be complete by April 2024, with its implementation underway as part of the annual planning cycle 2024/25. Each Appendix provides greater background and context for Workforce Planning.
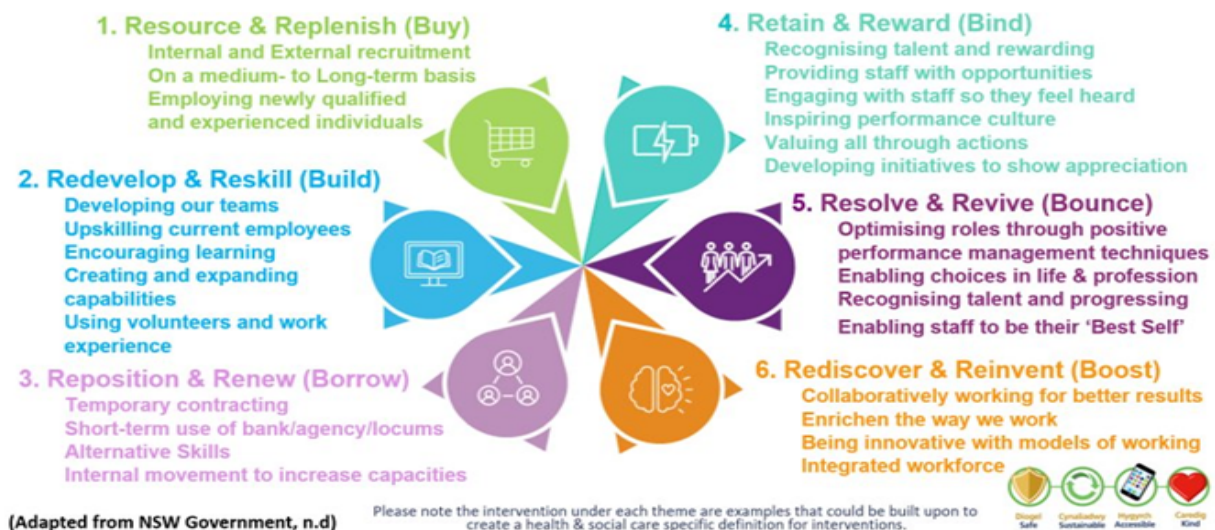
Asesiad / Assessment

In summary, the report will discuss five elements as outlined in the introduction and will take each in turn:

1. Workforce Risk and Tactical Planning (Appendix 1 – Workforce Risk Assessment)
   As indicated the SWFP team are working towards a tactical ("In Year") workforce plan with each of the Workforce and Organisational Development (WOD) pillar leads (including stabilisation) being asked to review the 188 workforce risks identified and address them through planned workforce interventions. As noted below, there is alignment across multiple pillars and a disproportionate number aligned to workforce planning, resource utilisation and stabilisation illustrating the challenges of demand and capacity planning and the potential need for service reconfiguration.
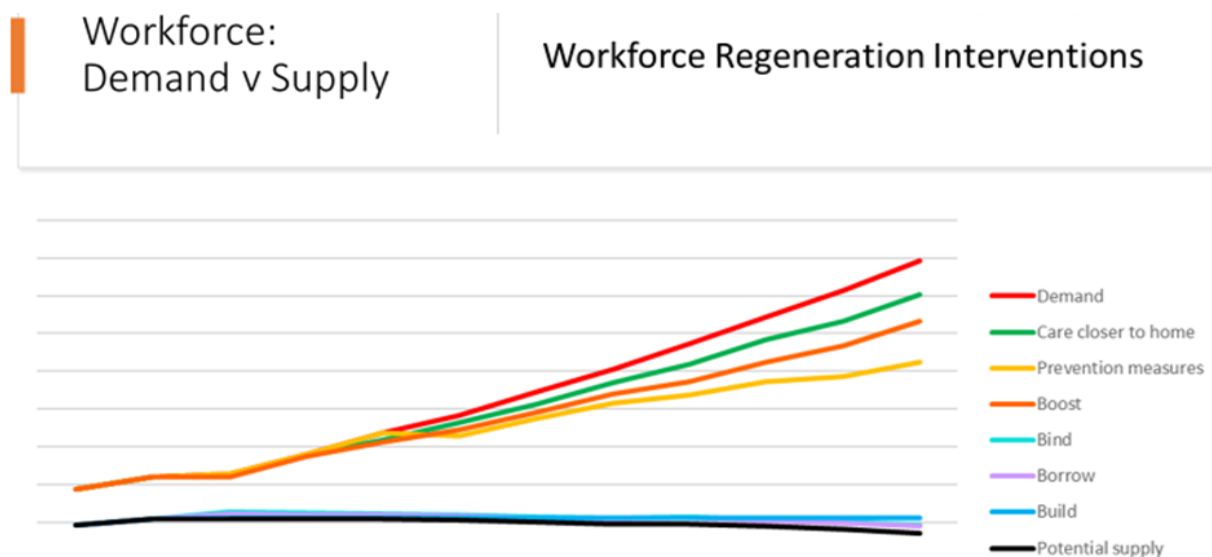
Workforce & OD Directorate Pillar	Number of Risks aligned
Strategic People Planning (TW)	165
People & Utilisation (MJ)	134
Stabilisation (DO)	74
People Operations & Change (HH)	60
People Education & Development (AG)	53
Organisational Culture (CD)	52
Equality, Diversity & Inclusion (AB)	1

2. Nature of Workforce Planning and alignment (tactical, operational and strategic) to the Workforce Regeneration Framework (Appendix 2 – Health Visiting Plan)
   As quoted in the Health Visting Workforce Plan **_"Risk Ref 1733: There is a risk of increased poor health and wellbeing outcomes and increased high level safeguarding concerns of children and families in the Health Visiting Service. Risk score 12. This is caused by high staff vacancies and the inability to recruit into health visiting vacancies, compounded by long term sickness and maternity leave. Especially in Ceredigion and North Pembrokeshire. As a result some Health Child Wales Programme (HCWP) core contacts are not being fully met._**

   The Health Visiting Workforce Plan originally set out as a tactical (In -year) plan to mitigate risk and has evolved into an operational (1-3 years) workforce plan to meet the needs of the Health Visting Service aligned to the Regeneration Framework. Each of the elements of the Regeneration Framework aligns to the WOD Pillars (as colour coded in the table above and image below).

1. **Resource & Replenish (Buy)**
   Internal and External recruitment
   On a medium- to Long-term basis
   Employing newly qualified
   and experienced individuals

2. **Redevelop & Reskill (Build)**
   Developing our teams
   Upskilling current employees
   Encouraging learning
   Creating and expanding
   capabilities
   Using volunteers and work
   experience

3. **Reposition & Renew (Borrow)**
   Temporary contracting
   Short-term use of bank/agency/locums
   Alternative Skills
   Internal movement to increase capacities

4. **Retain & Reward (Bind)**
   Recognising talent and rewarding
   Providing staff with opportunities
   Engaging with staff so they feel heard
   Inspiring performance culture
   Valuing all through actions
   Developing initiatives to show appreciation

5. **Resolve & Revive (Bounce)**
   Optimising roles through positive
   performance management techniques
   Enabling choices in life & profession
   Recognising talent and progressing
   Enabling staff to be their 'Best Self'

6. **Rediscover & Reinvent (Boost)**
   Collaboratively working for better results
   Enrichen the way we work
   Being innovative with models of working
   Integrated workforce

(Adapted from NSW Government, n.d)

Please note the intervention under each theme are examples that could be built upon to create a health & social care specific definition for interventions.

The 10 year projections are still in their conceptual infancy, based upon a set of assumptions at a moment in time, as the SWFP team look to refresh the strategy the team may wish to review the assumptions utilised and were the basis of the original model. The model below includes strategic and prevention concepts alongside workforce supply linked to the Regeneration Framework. As noted in the IPAR (Integrated Performance Assessment Report) workforce nursing projections continue to out stretch those initially modelled based on the most critical and significant workforce gap.

Workforce: Demand v Supply | **Workforce Regeneration Interventions**

- Demand
- Care closer to home
- Prevention measures
- Boost
- Bind
- Borrow
- Build
- Potential supply

As we move forward with workforce planning, the Health Board will need to be mindful of the strategic approaches available and the inherent benefits and risks within each:

- Population Health based workforce Planning.
- Scenario Based Workforce Planning.
- Skills/Competence based workforce Planning.

The report will now explore the two avenues of operational and strategic workforce planning and thinking on how they will be able to align.

3. Proposal to develop operational workforce plans (Appendix 3 – Draft Operational Workforce Plan)
The draft operational template is based on the development of the Health Visiting Workforce Plan and the work of the Project Support Manager working closely with the Women and Children Directorate. It is the intention to continue to pilot the approach and to define the most appropriate levels/areas to focus based on an assessment of the organisational structures with Electronic Staff Record/Financial Reporting, for example, the Health Board at Level 8 can identify 748 cost centres which would be the lowest unit of a service, for instance. a team however, Level 4 and 5 may be more appropriate as it will cover larger unit areas/multiple teams to help qualify what the broad service delivery needs are, for instance Mental Health or Learning Disabilities. This will need to be tested and explored to balance the operational needs of operational management and strategic leads.

Level 4	35
Level 5	125
Level 6	204
Level 7	223
Level 8	748

The SWFP team are alert to balancing the "granularity" of operational workforce plans with the need to create "strategic" plans and align to national programmes. We have previously (2022) mapped the Regeneration Framework to the National Workforce Strategy. The SWFP team are confident this approach will enable the health board to link tactical and operational plans and create the bridge to the strategic work. To do this the SWFP team will take account of the Workforce Strategy which was in place prior to the current Workforce Planning process being introduced to the Health Board. (This is covered in Appendix 4 and more detail is available if required on the mapping activity.)

4. How the current workforce strategy meets the challenges faced (Appendix 4 – Alignment of our Workforce Strategy 2020-2030 to the Workforce Regeneration Framework and National Workforce Plans).
In summary, and supported by various sources, the SWFP team are able to demonstrate critical alignment and positive national benchmarks from the strategic workforce approaches and planning as identified in previous Workforce Planning report to the PODCC (August 2023). This solid foundation provides a basis from which the health board can continue to iterate their strategy and workforce plans.

5. How the Strategic Workforce Planning will be integrated and address gaps in controls (Appendix 5)
To add, the SWFP team are not complacent with the approach and as part of the ongoing assurance work the team are developing a maturity matrix which will be appropriate for teams, services, organisations and systems. It is intended to be simple in format and will seek to refine to enable independent third party assurance to challenge assumptions and thinking.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is asked to:
- Take assurance from the report.

- To discuss the support required to enable the development of the Maturity Matrix that will enable Independent Third Party Assurance and align to the development of Strategic Scenarios.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1-2.9 apply with specific references to 2.2
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1669 16
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	HEIW WAO
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	Core Work of Pillar

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	<u>Not directly applicable</u>
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not directly applicable
Gweithlu: **Workforce:**	Not directly applicable (process impacting)
Risg: **Risk:**	Not directly applicable (process impacting)
Cyfreithiol: **Legal:**	Not directly applicable (process impacting)
Enw Da: **Reputational:**	Not directly applicable (process impacting)
Gyfrinachedd: **Privacy:**	Not directly applicable (process impacting)
Cydraddoldeb: **Equality:**	Not directly applicable (process impacting)

Appendix 1 – Workforce Risk

TITLE OF REPORT:	Workforce Risk
REPORTING OFFICER:	Tracy Walmsley
PURPOSE OF THE REPORT:	To provide an update – Workforce and Operational Development Leadership 31 Oct 2023

Greater scrutiny of workforce themed risk began in March 2023. Further analysis has now been undertaken of the whole Health Board Risk Register by the Strategic Workforce Planning Team. This expansion into the whole register has identified risks that exist across many Health Board domains, not categorised as workforce; but risks that have workforce implications and were not listed on the Workforce and Operational Development (OD) themed risk register.

Since March 2023 there has been an increase month on month and presently there are 70 more workforce risks on the workforce themed risk register since this work began.

Month	Number of Risks on W&OD Themed Risk Register
M12 22/23 - March	118
M3 23/24 - June	146
M5 23/24 - August	148
M8 23/24 - November	188

Presently there are a total of **614 risks on the Health Board Register** (Principle, Corporate and Operational risks).

PERFORMANCE DASHBOARD	Risk Dashboard Refreshed: 07/11/2023 11:21:46	36 Corporate	578 Operational	125 Extreme +1	366 High +2	Risks for the latest month 476 Above tolerance +2

Changes from the previous upload

Health Board Total Risk Count	614

Workforce Distribution	
Principal Risks (with workforce reference)	11
Corporate Risks (with workforce reference)	12
Operational Risks (Service & Directorate) that form the Workforce Themed Risk Register	188

Workforce themed risk presently accounts for **32.53%** of the 578 operational risks on the Health Board risk register.

From analysis so far it has been determined that there are:

- 306 risks with no specific workforce theme or workforce implications.
- 188 risks that are on the Workforce and OD Themed Risk register and allocated correctly following the identification and addition of an extra 40 risks overall in November.
- 25 risks on the Workforce and OD Themed Risk Register that potentially **should not** be.
- 95 risks that require further information from the service and the Risk and Assurance team before a clear decision can be made and require further investigation.

Following the final tranche of quality assurance and alignment there is the potential that there could be a **further 70 additions** to the workforce themed risk register bringing a **rise to 258** workforce themed risks in the next reporting period.

If this were to be the case, Workforce themed risk then has the **potential to rise to circa 44.64%** of the 578 Operational Risks on the Health Board risk register should this operational figure remain static. It is anticipated that the Health Board Workforce Risk position will see another significant increase as we establish our true baseline.

Heat Map distribution of Workforce Themed Risk

Principal Risks - Health Board Strategic Risks.
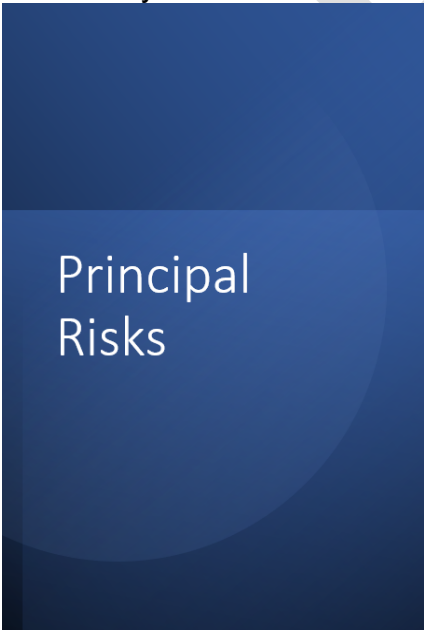Aligned to Strategic and Planning Objectives.
Owned by Executive Directors.
Lisa Gostling, Director of Workforce and OD has risk ownership and responsibility for **Workforce Principal Risks 1186, 1188** (as in. 2 Principal Risks).
How we get our workforce to where we want to be in the 5 -10 year space to deliver our plans and how this aligns with the Strategic Vision including the Programme Business Case (PBC).

Below are corporate risks that also have workforce reference and workforce implications that are held by Executives other than the W&OD Director.
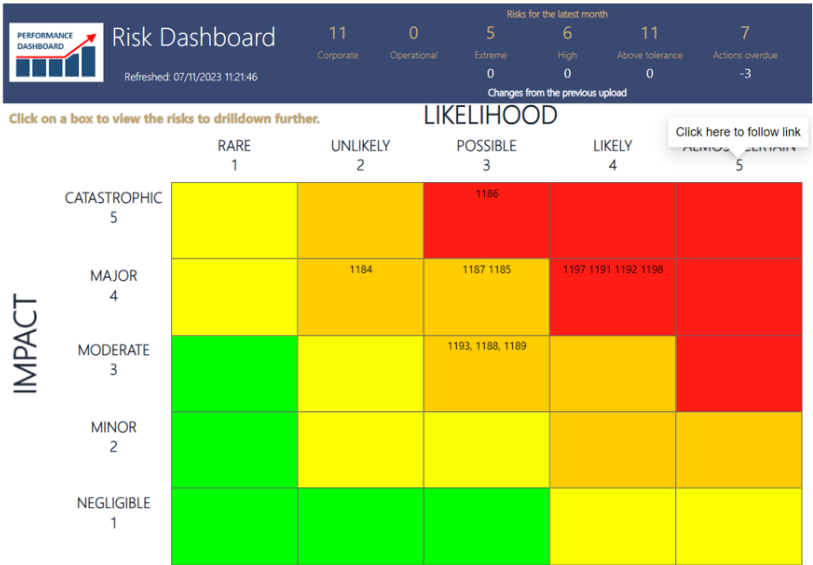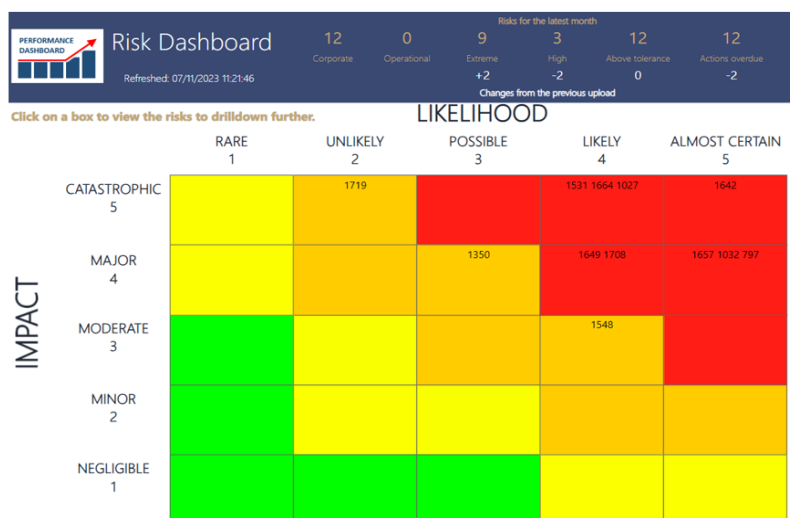
Corporate Risks
'Here and now' Operational based risks.
Lisa Gostling, Director of Workforce and OD has risk ownership and responsibility for
Workforce Corporate Risk 1649 (i.e. 1 Corporate Risk).
Affect the Health Board as a whole, specific large concerns that require escalation and have
oversight by the Executive team. E.g., Operational demands and the Health Boards position to
achieve Ministerial Priorities; concerns affecting the whole of the Health Board.

Below are corporate risks that also have workforce reference and workforce implications that
are held by Executives other than the Director of W&OD.

The heatmap below shows likelihood scoring of the 188 risks presently on the workforce
themed risk register against Workforce Corporate risk 1649.
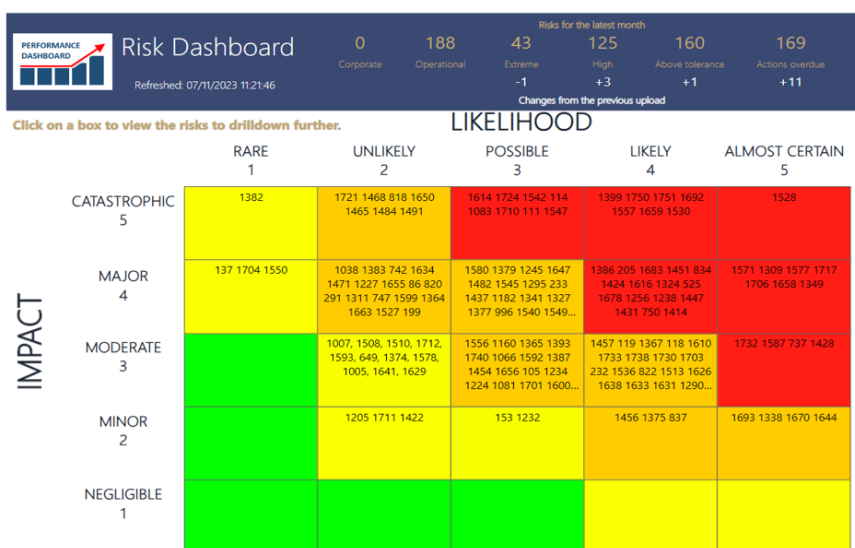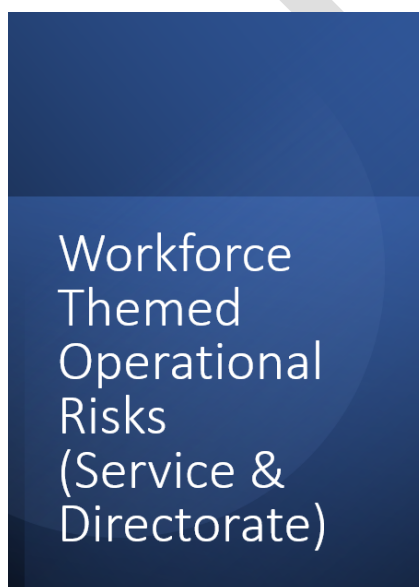
Since the last reporting period there have been **reduction in risk scores** in the following
Directorates/Services.

REDUCTION IN RISK SCORE	10	820 (Previous Score 20 > Current Score 12)	Risk of insufficient Registered Nurses due to vacancies within the establishment.	USC: PPH
		86 12>8	Risk of avoidable harm to patients due to volume of Nursing Staff vacancies at GGH.	USC: GGH
		1700 16>12	Risk of inability to deliver a sustainable OOH service due to service fragility	Central Operations: Out of Hours
		1644 15>10	Risk of overspending against funding allocated for Haematology drugs due to increased drug usage and costs	USC: Pathology
		1641 9>6	Risk of maintaining Service delivery due to Industrial Action	Pembrokeshire
		1527 20>8	Risk to patient and staff safety in Tregaron hospital due to a reduction of hotel services support.	Ceredigion
		1518 12>9	Registered Nursing and Therapist deficits on Gwenllian Ward	USC: GGH
		1455 12>9	Risk to meeting demand due to severely limited functional Mental Health Psychology Service.	MHLD: Older Adult Mental Health Services
		1374 9>6	Inability to safely support Anaesthetics and Critical Care provision in BGH	Scheduled Care: Critical Care
		1109 12>9	Risk of no doctor days in Managed Practices due to challenges in securing GP cover	P,C,LTC: Managed Practice

Since the last reporting period there has been an **increase in risk scores** in the following Directorates/Services.

INCREASE IN CURRENT RISK SCORE ñ	8	1692 (Previous Score 15 > Current Score 20)	Risk of safe nursing staffing levels not being met due to changes in contractual arrangements	Ceredigion
		1309 16>20	Risk of insufficient capacity to meet demands for diagnostic reporting due to Consultant Cellular	USC: Pathology
		118 8>12	Risk of avoidable harm to patients awaiting in-patient pacemaker implantation due to	USC: Cardiology
		1325 9>12	Inability to meet BSR guidelines for monitoring patients prescribed Biologic medicines due to	Scheduled Care: Rheumatology
		119 8>12	Risk of avoidable harm to patients due to excessive waiting times for cardiac diagnostics	USC: Cardiology
		105 8>9	Risk of patient harm due to long waits for respiratory diagnostics.	USC: Respiratory
		1457 2>12	Lack of compliance with Welsh Health Circular (WHC) /2018/006 for Ear Wax Management	Scheduled Care: Audiology
		1456 3>8	Lack of compliance with Welsh Health Circular (WHC) (2021) 009 on school entry hearing screening	Scheduled Care: Audiology

There is **no escalation** of operational (service and directorate level risks) to corporate level risk to be reported in this period.

Workforce Issue rather than an actual **Workforce Risk –** upon consideration the following action/remedy has been undertaken to address the following raised on the last report. *(W&OD Risk Numbers 742,1610, 689, 1506, 1227,1468)*

689	Service or Department Level Risk	RCP Medical Records Standards - Good medical record keeping	8	3×4=12 (↔)	2×4=8	Quality/Complaints/Audit	Above Tolerance
742	Service or Department Level Risk	Fire Risk Assessment - Medical Directorate Offices.	6	2×4=8 (↔)	2×3=6	Safety - Patient, Staff or Public	Above Tolerance
1227	Service or Department Level Risk	Specialist Palliative Care Equipment Cleansing, Storage & Transportation.	6	2×4=8 (↔)	2×4=8	Safety - Patient, Staff or Public	Above Tolerance
1468	Service or Department Level Risk	Lack of dedicated Controlled Drug Liaison Officer in Dyfed-Powys Police Force	6	2×5=10 (↔)	1×5=5	Safety - Patient, Staff or Public	Above Tolerance
1610	Directorate Level Risk	Risk of being unable to meet the increasing demand for data and analytics within the health board due to limited capacity	6	4×3=12 (↔)	2×3=6	Service/Business interruption/disruption	Above Tolerance

Risk ID	Action taken
689	To remain on W&OD Themed Risk Register – workforce training issue
742	Request made by SWFP to remove from W&OD Risk Register
1227	To remain on W&OD Themed Risk Register -Has potential to impact/affect by increased staff sickness in the OT team. Follow up with service will be undertaken.
1468	Request made by SWFP to remove from W&OD Risk Register
1506	Risk has been closed.
1610	To remain on W&OD Themed Risk Register – heightened requirement for both performance and workforce data requests since the introduction of Directorate Improving Together sessions, and the Health Board being in enhanced monitoring and targeted intervention.

A thematic analysis of the 188 directorate operational risks has also been undertaken by the Strategic Workforce Planning (SWFP) team to identify and assign workforce pillar leads within the workforce directorate who would be best placed to support the Health Board operational teams once baselining has been completed. It is the intention now this work has also been completed pillar lead/leads will be advised accordingly of the workforce risks that have been identified for their management within their respective teams. It should also be noted there are many risks that will require intervention, input, and support from more than one pillar lead.

Workforce & OD Directorate Pillar	Number of Risks aligned
Strategic People Planning (TW)	165
People & Utilisation (MJ)	134
Stabilisation (DO)	74
People Operations & Change (HH)	60
People Education & Development (AG)	53
Organisational Culture (CD)	52
Equality, Diversity & Inclusion (AB)	1

Workforce & OD Pillars and Sub-Categories risks aligned to include:

W&OD Pillars & Risk Themes			
Organisational Culture (CD)	**People & Utilisation (MJ)**	**People Education & Development (AG)**	**People Operations & Change (HH)**
Wellbeing	Workforce Data Availability	Mandatory Training	Organisational Change
Retention	Vacancies	Career Progression & Development	Contractual Issues
Leadership	Recruitment	Courses - Placements/Lack of Placem	Terms & Conditions
Culture	Hard to recruit posts	Role Enhancement	Redeployment/Deployment
Research	Job Evaluation	Training - Upskilling Issues	Grievance/Disciplinaries
	Redeployment/Deployment	Grow Your Own Opportunities/Issues	Managing Attendance at Work
Strategic People Planning (TW)	**Stabilisation (DO)**	**Equality, Diversity & Inclusion (AB)**	
Education & Commissioning	Bank Reliance (all Staff Groups)	Equality	
Role Design	Agency Reliance (all Staff Groups)	Diversity & Inclusion	
10 Year Plan	Locum Reliance (all Staff Groups)	Health Inequality Partnerships	
Regional Plans			
Annual Plan & IMTP			
Demand & Supply			
Insights			
Horizon Scanning/Scenario Planning			
Demand & Capacity Issues			

Below presented in the following table are Workforce & OD Themed Risks split by directorate to depict Health Board Directorate Proportion Representation of the Workforce & OD Workforce Themed Risk Register.

Area/Service/Directorate	Number of Risks
AS: Consent & Mental Capacity	1
Carmarthenshire - whole system	1
Carmarthenshire: Palliative Care	3
Carmarthenshire Community Hospitals	1
Carmarthenshire Community Nursing	1
Central Operations - Clinical Engineering	1
Central Operations - Out of Hours	2
CEO Directorate	1
CEO Welsh Language	1
Ceredigion - whole system	1
Ceredigion Community Tregaron Hospital	1
E&F: Carmarthenshire West	1
E&F: Ceredigion	1
E&F: Directorate Team	1
E&F: Fire	1
E&F: Pembrokeshire	1
Finance: Digital: Information & Communication Technology	1
Finance: Performance	1
Governance: Assurance & Risk	2
Governance: Corporate Office	1
MD: Effective Clinical Practice	1
MD: Medical Education & Knowledge	4
MD: Research & Development	1
MD: Tritech & Innovation	1
MD: VBHC	1
MHLD - whole system	2
MHLD: Adult Mental Health Services	2
MHLD: AMH Community Services	1
MHLD: AMH Inpatient Services	1
MHLD: AMH Inpatient Services - Health Baord Wide	1

MHLD: Learning Disabilities Service	4
MHLD: Medical Workforce	1
MHLD: Older Adult Mental Health	3
NQPE: Health & Safety	2
NQPE: Nursing Practice	1
P,C,LTC: GMS	1
P,C,LTC: Medicines Management	2
P,C,LTC: Optometry	1
P,C,LTC: Primary Care	3
Pembrokeshire - whole system	2
Pembrokeshire Community	3
Public Health: Children's Public Health	4
Public Health: Improvement & Wellbeing	1
Public Health: Vaccination Centres	2
Scheduled Care - whole system	1
Scheduled Care Theatres	1
Scheduled Care Anaesthetics	1
Scheduled Care Audiology	3
Scheduled Care Critical Care	4
Scheduled Care Dermatology	1
Scheduled Care Endoscopy	4
Scheduled Care General Surgery	1
Scheduled Care Neurology	1
Scheduled Care OPD	2
Scheduled Care Ophthalmology	1
Scheduled Care Pain	1
Scheduled Care Rheumatology	2
Scheduled Care Trauma	2
Therapies and Health Science	1
Therapies and Health Science - Podiatry & Surgical Appliances	1
Therapies and Health Science - Dietetics & Nutrition	4
Therapies and Health Science - Occupational Therapy	2
USC: BGH	5
USC: Cardiology	4
USC: Diabetes	1
USC:GGH	8
USC: Health Board Wide	2
USC: Pathology	12
USC: PPH	4
USC: Radiology	11
USC: Respiratory	4
USC: Stroke	3
USC: WGH	8
USC: GGH	1
Women & Children	2
Women & Children: Community Children Services	3
Women & Children: Gynaecology	2
Women & Children: Health Board Wide	1
Women & Children: Health Visiting	3
Women & Children: Midwifery & Maternity	4
Women & Children: Paediatrics & Neonates	3

| Women & Children - School Nursing | 2 |
| Women & Children - Sexual Health | 1 |

Continued quality assurance and baselining actions will be undertaken by the Workforce and OD teams to provide assurance that the Health Boards risk position score is accurately reflected.

- Strategic Workforce Planning Team continue to update Corporate Risk with all Workforce associated risks so that risks are listed appropriately and correctly as an ongoing control measure. The remaining 95 potential outlying risks from whole Health Board scoping to be considered and where workforce risk alignment is required bring in line as necessary to then conclude on workforce risk baselining, and 25 risks with the potential to be removed from the risk register and worked through.

- Working closely with Risk and Assurance (R&A) Business Partners to work with service areas where:
  a) workforce risks have been recorded which could be deemed more appropriately as workforce issues.
  b) Directorate/Operational risks out of the review date period. Risk owners to be contacted with the request to re-align, review and update with realistic review dates at every opportunity so that the accurate workforce risk position can be reached and understood.
  c) Recovery, Stabilisation and Improving Together risks that do not form part of the whole Workforce and OD Risk Register and where these **should be in place,** workforce planning working with the Risk and Assurance team will request that the service have these added accordingly as a new risk entry, or alternatively if an entry is already in place that their risks are updated and reviewed accordingly to ensure their Workforce Risk is scored accurately and articulated appropriately. As services and directorates navigate financial squeeze which in turn has the potential to impact on workforce and service delivery there is the expectation that adding new risks or the increase to current workforce risk scores may well be required.
  d) Strategic Workforce Planning Team will be engaging with Directorate and Service leads on a regular basis; (working closely with the R&A Business Partners) will request redress by the service to get workforce implications included by amending the risk statement and to include the correct scoring of workforce risks accordingly.

- At agreed intervals a risk paper brought to PODCC for review and consideration. The purpose of this will be to provide an update with regard to interventions and where known control measures and mitigation measures are in place to address workforce risk and to identify actions required and undertaken by respective W&OD Pillars to address workforce risk.

Argymhelliad / Recommendation

The Committee are asked to note the work undertaken to date to understand all risks which have been recorded as linked to workforce.

The committee are further asked to support the on-going development which will give assurance that the corporate risk score is as accurate as possible linked to knowledge of the risks being managed within all service areas.

Introduction

The Health Visiting service is facing significant pressures, which comprise of challenges relating to workforce supply, demand appears to be outstripping capacity (when adding in other factors for instance. COVID and population changes), and the service faces significant risk around its future stability, for instance, due to the age profile of the Health Visitor (HV) workforce and potential implications of the Nurse Staffing Levels Act Review, which may require the service to significantly increase its workforce.

This document summarises the short, medium, and long-term approaches to workforce planning, through interventions and collaboration across Workforce and Operational Development (WOD) teams, to develop a sustainable workforce model for Health Visiting as we move forward to align resource needed to redesign the service to meet increased need, through exploration of new roles or ways of working, always aligning workforce plans to the wider strategy of the Health Board in the aspirations of "A Healthier and Mid and West Wales and the vision for the HV service".

A strategic vision has been developed for the Health Visiting Service which incorporate the following key components:

- Leading the Health Visiting Profession
- Stabilise and build resilience in the Health Visiting Workforce
- Making the Health Visiting Profession Attractive
- Improving Health & Care Outcomes
- Developing Equity in Delivery of Health Visiting – for Care and the Profession.

We will align workforce plans to these key components and will continue to build on the work undertaken as part of the Nurse Staffing Levels Review to evolve this in line with the Six Step Workforce Integrated Planning Methodology, supplemented by agile activity/thinking to explore what the workforce need is to implement the strategic vision. We will continue to utilise the Six Steps and Regeneration Framework to address the strategic implications and interventions applied, to support in the interim to manage risks and continue to build resilience into the Health Visiting workforce model.

Current Position

The Health Visiting workforce spans three counties, and is made up of c. 76.6 Whole Tiime Equivalent (WTE). The current vacancy position and ongoing recruitment challenges fr instance in Ceredigion add to the ongoing fragility issues faced across the service, which impact ability to

meet current pressures. The demand within Health Visiting has historically been greater than capacity, which must be accounted for as we move forward to align the resource needed to redesign the service to meet increased needs.

In addition to known recruitment challenges, the age profile across the service indicates a challenging and uncertain picture with the current workforce >51 years at 45.3% as at June 2023, which includes experienced Health Visiting staff, support and senior roles. This further emphasises the requirement to address the short to medium term priorities within the service, to plan for possible retirements and loss of experience staff within the Health Visiting team.

To continue developing the plan, the workforce baseline for the service will continually be reviewed, to align with the intention to evolve the strategic direction for the Health Visiting service to deliver on the following intentions:

- Attractively position the Health Visiting Profession as a career choice
- Building future leadership capacity and capability to lead the profession
- Creating an ambition for the workforce to reflect the population it serves and address inequity in services and the workforce
- Design an approach to delivering improved health outcomes that draws on the latest thinking and technology to master the system, partners, and intelligence we hold
- Engages a safe and sustainable workforce now and evolves a workforce model for the future.

Further, the work around the impact of the Nurse Staffing Levels (NSL) Act for Health Visiting has identified a potential requirement for a significant uplift within the Health Visiting workforce. This gap identifies a need for c.67 WTE across registered and unregistered groups, which is not currently reflected in the Health Visiting core establishment. Therefore, there is a potential requirement to effectively double the HV workforce, which will be further explored when agreed actions and workforce requirements as part of the NSL review and impact assessment have been undertaken in Spring 2024. This work is ongoing as per the recommendation from the Chief Nursing Officer for Wales, who has put a hold nationally on a further implementation of the NSL for Health Visiting, until a wider review has taken place (2023/2024). It is important to recognise this work as a benchmark for a triangulated approach to assessing workforce needs and continue to build on the analysis undertaken to critically assess future demand and the workforce gap in terms of roles and skills.

Workforce Risks

Please see below current workforce risks on the Risk Register, which will be continually reviewed as we seek to apply intervention to mitigate risks.

*Risk Ref 940: There is a risk of increased poor health and wellbeing outcomes and increased high level safeguarding concerns of children and families in the Health Visiting Service. **Risk score 12.**

This is caused by high staff vacancies and the inability to recruit into health visiting vacancies, compounded by long term sickness and maternity leave. Especially in Ceredigion and North

Pembrokeshire. As a result some Health Child Wales Programme (HCWP) core contacts are not being fully met.

This will lead to an impact/affect on missed opportunities for the identification of developmental delay and delays in appropriate referrals, adverse childhood experiences (ACES), family resilience and maternal mental ill-health, poorer health outcomes for children, reduced immunisation uptake and indicators or suspicion of abuse or neglect.

*The above risk has now been superceded by **Risk Ref 1733** (below) due to escalation, which articulates the heightened risk.

Risk Ref 1733: There is a risk of increased poor health and wellbeing outcomes and increased high level safeguarding concerns of children and families in the Health Visiting Service. **Risk score 12.**

This is caused by a high number of Health Visiting vacancies that we are unable to recruit into, this is a particular issue for Ceredigion and North Pembrokeshire currently. In addition to this we have significant long term staff sickness and maternity leave which is compounding the staffing shortage.

This will lead to an impact/affect on the number of Healthy Child Wales Programme core contacts that are provided which could lead to missed opportunities for the identification of developmental delay and delays in appropriate referrals, adverse childhood experiences (ACES), family resilience and maternal mental ill-health, poorer health outcomes for children, reduced immunisation uptake and indicators or suspicion of abuse or neglect.

Also due to increased clinic model of working this has reduced the Health Visitors opportunity of undertaking a holistic overview of the home environment and parental capacity. This is because a clinic environment does not allow a home environment assessment which could result in missed opportunity to identify families in need of support and children in need of safeguarding.
Staff wellbeing with staff suffering stress, anxiety and reduced resilience resulting increased absence, the reduced capacity to host pre-reg students, Specialist Community Public Health Nurses (SCPHN) students in health visiting, new members of staff, impact on recruitment and retention.
Risk location, Health Board wide.

Regeneration Framework

The Regeneration Framework has been used as a tool to illustrate the options available in a complex blend of interactions. These tools are at our disposal and can be used to "regenerate" our workforce, to allow us to quantify and qualify our workforce gaps over the long term, to replenish, reshape and reskill.

Assessment of the actions taken in relation to the Health Visiting Workforce Plan (August 2022), including current update (November 2023) following continued WOD engagement with the service is summarised below for each element of the framework.

(Adapted from NSW Government, n.d)

Please note the intervention under each theme are examples that could be built upon to create a health & social care specific definition for interventions.

Using the Workforce Regeneration Tool 6 elements to stabilise the workforce, actions were progressed:

Resource & Replenish

- Recruitment through targeted University fairs, professional development days and advertising on global and TRAC.
- Targeted Band 4 and Band 5 development posts, recruitment has taken place – this may improve future workforce supply options, as individuals may wish to progress onto the SCPHN course, and others will eventually become core staff. Much work has been done to date; the service has been strengthened in Ceredigion (South Ceredigion will be fully established once the new starters commence) but there is still fragility in this area (Aberystwyth in particular).
- Opportunity on a first in Wales basis has been created for pre-registration students who have done a placement in Health Visiting in their first year of training, to return in the third year for another placement. This has led to two members of staff progressing to become Community Public Health Staff Nurses (Band 5) and then gaining a place on the SCPHN course.
- Use of campaigns 'Work Train Live' and 'Here For Life'.
- Review of current adverts to attract individuals to work in areas where recruitment challenges are faced for instance, Ceredigion.
- Efforts to recruit and place individuals in areas as close to home as possible, to attract individuals and reduce travel expenditure and fatigue.
- Potential to recruit a Senior Nurse role for Ceredigion being explored, to ensure equity of Senior Nurse provision across all three counties.
- Development of a Safeguarding role working directly within the service to support Health Visiting Teams.
- Development and recruitment of a Professional Development Co-ordinator role to support the preceptorship and mentoring of the skill mix teams.
- An additional 0.6 WTE Team Leader role in Ceredigion was commenced in 2022, to support the staff pressures and assist in the covering of vacant caseloads.

4

- Development of relief Health Visitor posts (1.6 WTE) as there is no uplift within the service for sickness or maternity leave.
- Staff from outside of Ceredigion have worked additional hours to provide additional resource, in order to enable a clinic-based model in Ceredigion. This is to ensure children are seen and have their developmental assessments and subsequent referrals on to secondary services such as Paediatrics or Speech and Language if needed.

2. Redevelop & Reskill (Build)
Developing our teams
Upskilling current employees
Encouraging learning
Creating and expanding capabilities
Using volunteers and work experience

Redevelop & Reskill

- Band 4 integration into teams.
- Band 5 pipeline- this has been successful to date, with 8 Community Public Health Nurses doing the SCPHN course in 2022/23.
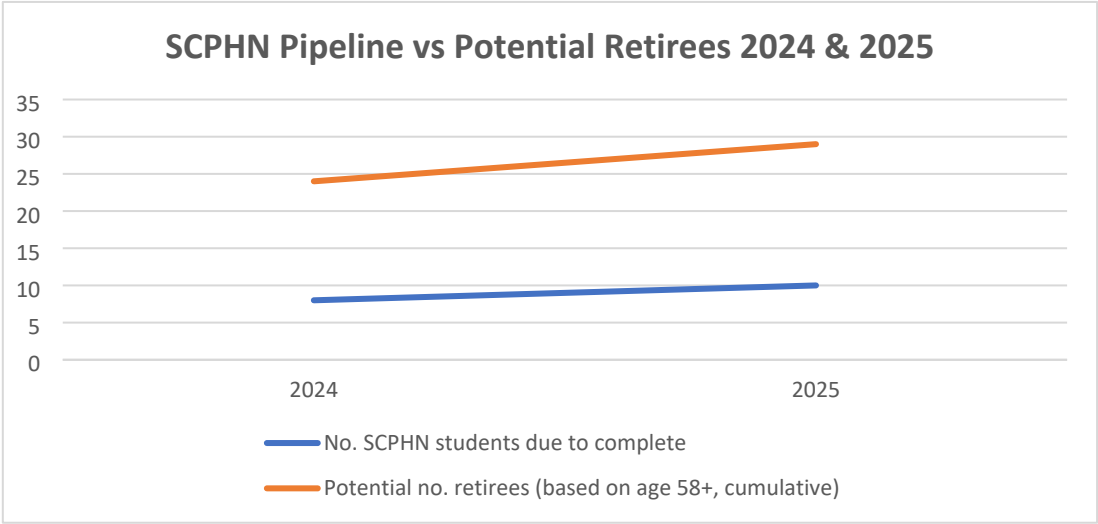- New routes into study being explored i.e., it has been identified that registered nurses having to do the SCPHN course currently travel 5 hours a day to Swansea University to undertake the course. This has impacted the number of applicants for the SCPHN course in this area. Aberystwyth University were initially to apply for the commissioned contract, but due to economic pressures have now decided not to do this. Discussion has taken place with regards to looking at a rural modular approach which Aberystwyth University may be able to support - this is currently with Health Education and Improvement Wales (HEIW) for further exploration.
- Conversion programmes being explored to scope opportunities for dual role practitioners (HV/SN – Generic Public Health SCPHN programmes etc). It is understood that the NMC does not currently stipulate that an additional course is required in order to undertake the other role, however an assessment would need to be undertaken to identify where the potential gaps would be.
- Discussion will take place with HEIW in relation to education and training requirements for the whole HV workforce, with importance of provision at Aberystwyth emphasized to address workforce supply shortages and current recruitment challenges. SPPEG will also provide opportunity to raise additional concerns i.e., academic requirements for Swansea University and potential for options to evidence recent Continuous Professional Development (CPD) to support applicants onto the programme.
- Practice education infrastructure being developed to enable development of current workforce e.g., to manage student placements and supervisory capacity.
- Succession planning for Senior roles ongoing, with deputy posts filled and individuals currently undergoing leadership qualifications/experience.
- Efforts to continue developing the HV pipeline have been prioritised, with stable numbers of staff commencing the programme each year. Further discussion to explore greater accessibility to the programme to be explored with HEIW and Higher Education Institutions (HEIs) (see SCPHN pipeline below).

Pipeline

Year of Output	SCPHN HV programme (inc. Part Time)	Destination upon completion	Attrition
2023	Was **11** *(3 Ceredigion, 4 Pembs and 4 Carms)* however now **8**	**1** Ceredigion, **4** Pembs and **3** Carms	**2** individuals left for roles with Swansea Bay HB after qualifying *(1 Ceredigion, and 1 Carms)*, and **1** student discontinued due to ill health and will restart in Feb 2024 and complete in 2026 *(Ceredigion)*
2024	10	**4** Ceredigion, **3** Pembs and **3** Carms	
2025	9	TBC	

Further work to model possible scenarios based on the age profile of the current HV workforce will continue, which is essential to address the projected workforce gap. The graph below identifies the scale of the "gap" based on the cumulative number of potential retirees (staff >58 years), using the average retirement age in the Nursing and Midwifery staff group. The visual below further highlights the requirement to build stability within the HV team, which must include targeted intervention to continue building the Health Visiting Grow Your Own (GYO) pipeline.

SCPHN Pipeline vs Potential Retirees 2024 & 2025

— No. SCPHN students due to complete
— Potential no. retirees (based on age 58+, cumulative)

6

Reposition & Renew

3. Reposition & Renew (Borrow)
- Temporary contracting
- Short-term use of bank/agency/locums
- Alternative Skills
- Internal movement to increase capacities

- Introduction of Health Visitor bank three years ago, utilising neighbouring HB staff and retire/return own staff. This has been successful to date.
- Movement of own staff across teams to provide Ceredigion cover holding greatest risk.
- Options for dual roles being explored to increase flexibility within the workforce across Health Visiting and School Nursing professions.
- Introduction of clinic-based model for universal families allows for children to be seen but does not allow for the holistic assessment of parental capacity and home environment. In order to reduce risk, additional training on professional curiosity in a clinic setting has been sourced.

Retain & Reward

4. Retain & Reward (Bind)
- Recognising talent and rewarding
- Providing staff with opportunities
- Engaging with staff so they feel heard
- Inspiring performance culture
- Valuing all through actions
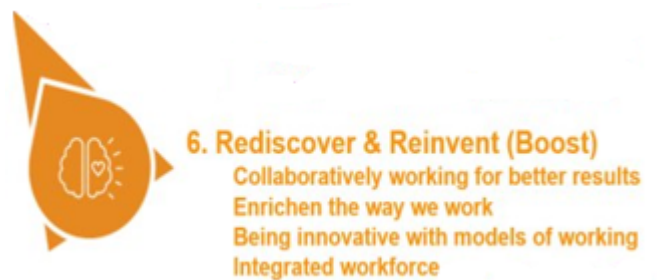- Developing initiatives to show appreciation

- It has been observed that in the past, the Safeguarding team have recruited from the Health Visiting/School Nursing teams. There may be opportunity for these teams to work more closely together to address recruitment challenges, reduce attrition from Health Visiting/School Nursing teams, which may include exploration of opportunities for rotation of staff to gain experience and exposure in managing safeguarding within a wider context, as this is already part of their current role. This will provide further opportunities for job enrichment, improving retention etc.
- Overnight accommodation and support to work in Ceredigion available and has been used successfully.
- Introduction of newsletter has been positive in keeping up the morale of staff and has been an opportunity to celebrate successes within the service.
- Regular face to face Team and Leadership meetings.
- Travel time included in core hours, to offset requirement for increased travelling times from home location to rural areas (those covering Ceredigion).

Resolve & Revive

5. Resolve & Revive (Bounce)
- Optimising roles through positive performance management techniques
- Enabling choices in life & profession
- Recognising talent and progressing
- Enabling staff to be their 'Best Self'

- Agile working offered where possible.
- To manage demand, Saturday clinics offered as part of core hours or as additional hours.
- Working with Workforce leads and Trade Unions to support agility of team cover required.

7

Rediscover & Reinvent

- Introduction of clinic-based client contact, to promote best use of resource and reduce travelling times for staff.
- Encourage networking across multidisciplinary teams Regional CYSUR has been informed of the staffing issues so that social care and health can work more closely together to address the needs of vulnerable families.
- Scoping opportunities to develop dual roles.

6. Rediscover & Reinvent (Boost)
Collaboratively working for better results
Enrichen the way we work
Being innovative with models of working
Integrated workforce

In addition: significant work and changes have taken place within the Health Visiting Service since the August 2022 Paper that reinforce the above themes:

- Planned review of Nurse Staffing Levels Act and associated Impact Assessment in January/February 2023. This will provide opportunity to review establishment and skill mix requirements to assist with continued development of the workforce plan.
- Movement from the Public Health Directorate into the Women and Children Directorate
  - Fostered positive collaborations across Midwifery, Paediatrics, Community Children's Nursing and School Nursing.
  - Reinforced positive leadership and support mechanisms.
- Team Leader changes and retirement has led to structure changes and plans for succession planning in senior posts. Health Visiting has succession planning in place in terms of the management structure, one deputy manager has undertaken the LEAP programme and the other is currently undertaking. It is felt that the management structure has improved and there is confidence in the succession planning measures in place in this regard.
- Organisational Development Relationship Managers (ODRM) engaged closely with teams.

In summary, the actions above will continue and the work of the Project Support Manager now in place will work with the Service and Women and Children Directorate to facilitate further discussion on the ambitions/strategy captured in the previous report. The Data Pack illustrates a growing stability; however, concern remains within the Ceredigion County and parts of North Pembrokeshire (Fishguard) as noted in Risk Ref 1733. The age profile and retirement risks being the most significant area of concern.

Appendix 3 - Operational 12-Month (Short Term) Workforce Plan

Lead: _____ *[Name and Role]*

Service: _____ **Directorate:** _____

Date of completion: _____

Workforce Stability

Is the workforce currently stable? Are any workforce changes anticipated in the next 6-12 months e.g. retirements?

_____

_____

_____

_____

Overview of Workforce Challenges

What are the key short term workforce challenges to be addressed? E.g. temporary workforce usage, high turnover, recruitment to vacancies, age profile

_____

_____

_____

_____

Plans to Reduce Temporary Workforce Utilisation/Variable Pay Reduction

Please outline your plans to reduce use of temporary workforce, including details of projected financial savings and alignment to DITS actions.

_____

_____

_____

_____

_____

1/4

Risks with a Workforce Planning implication

Please summarise all current identified risks which have a workforce theme / link.

Risk ID	Current Risk Score	Title	Response / Action

Workforce Supply and Developments

Actions

Actions proposed to address workforce challenges, risks and gaps over the next 6-12 months (linked to DITS and risk mitigation)

-
-
-
-

Pipeline

E.g. planned recruitment, apprenticeships, GYO and new graduate intake (based on Education & Commissioning requests) within the next 6-12 months.

-
-
-
-
-
-
-

Workforce Developments

Is any new recruitment activity planned over the next 6-12 months in order to stabilise the Service? New ways of working? Skill development? Please provide details.

_____

_____

_____

_____

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

SAFE | SUSTAINABLE | ACCESSIBLE | KIND
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

Page 3 for completion by **Workforce Planning Team**

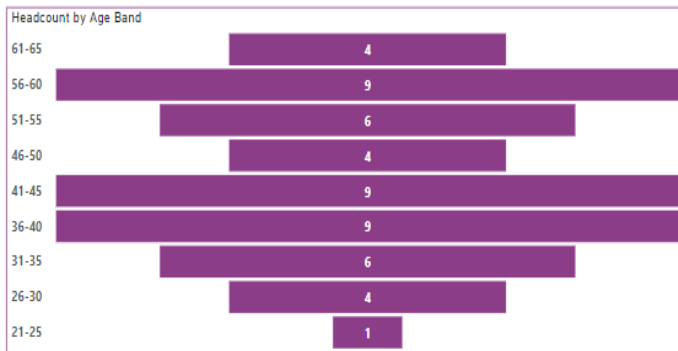Page 4 to be agreed by Service, Workforce and Finance Leads

Service Current Baseline Data & Temporary Workforce Utilisation

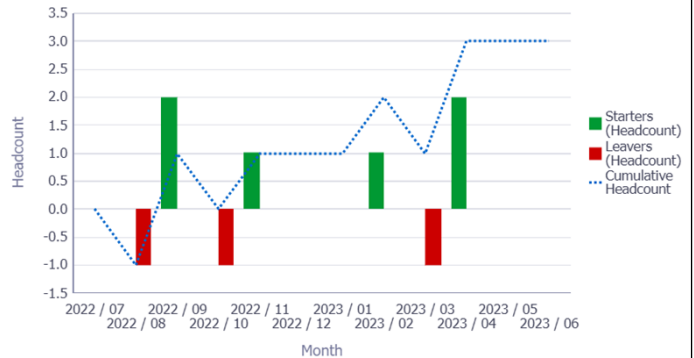*[Insert link here to Service data pack]*

Current Headcount	No. Cost Centres	Current Budget WTE	Current Actual WTE	Current Overall Vacancy WTE	Current temporary workforce utilisation (WTE)	Current Age Profile* (% age 51+)	Turnover (month XX to month XX)

*the age profile figure indicates the percentage of the workforce currently at age 51 or above, and who could therefore potentially retire within a 5-10 year space.

Age Profile *(example visual)*

Headcount by Age Band

Age Band	Headcount
61-65	4
56-60	9
51-55	6
46-50	4
41-45	9
36-40	9
31-35	6
26-30	4
21-25	1

Turnover *(example visual)*

Role Analysis *(example visual)*

Retirement Age Bracket

Role	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	Total
Community Nurse	1.0	1.6	1.6	4.8	5.4	2.4	4.2	4.7	2.4	28.0
Health Care Support Worker		1.5	2.6	2.1	0.8	0.7	0.7	1.4	0.5	10.3
Sister or Charge Nurse								1.0		1.0
Specialist Nurse Practitioner					1.0					1.0
Total	1.0	3.1	4.1	6.9	7.2	3.1	4.9	7.0	2.9	40.3

Temporary Workforce Utilisation *(example visual)*

Sum of Monthly WTE Financial Year	2022/2023												2023/2024								
Utilisation Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Additional	0.224	0.09	0.345	0.15	0.231	0.084	0.157	0.072	0.15	0.072		0.153	0.225	0.144	0.1			0.071	0.111		
Bank	0.414	0.539	0.42	0.852	0.672	0.845	0.897	0.84	0.355	0.138	0.284	0.276	0.497	0.552	1.065	0.828	0.345	0.639	1.173	1.065	0.138
Off Contract Agency			0.211	0.069		0.069	0.371	0.138	0.069		0.213	0.069									
On Contract Agency	3.726	4.25	4.711	3.884	3.573	3.757	4.082	4.032	5.402	4.885	5.859	4.551	3.912	4.554	3.952	3.801	4.212	4.402	4.68	4.189	2.139
Overtime	0.216	0.823	1.089	0.111	0.833	0.707	0.554	0.333	0.313	0.799	0.307	0.252	0.15	0.144	0.419	0.147	0.207			0.071	
Unfilled	0.504	0.44	0.801	0.751	0.378	1.23	2.196	1.368	1.033	0.918	1.083	0.414	0.447	0.297	0.423	0.753	0.18	0.378	0.546	0.094	
Grand Total	5.084	6.353	7.435	5.748	5.756	6.994	8.024	6.714	7.253	6.812	7.746	5.715	5.231	5.691	5.959	5.529	4.944	5.49	6.51	5.419	2.277

Action Plan   *(align to Improving Together)*

What will success look like? How will actions be measured? Use SMART outcomes e.g. % reduction in vacancies, reduction in temporary workforce utilisation.

Action No.	Description	Lead	Success Criteria	Review Date	Completion Date

Supporting Documents

Insert links here to relevant strategy / policy documents e.g. DITS pack.

-
-
-
-
-

The Workforce Strategy was in place prior to the All Wales Workforce Strategy and evolved throughout COVID in terms of layering in new thinking and approaches most notably HR Disrupted, Strategic Workforce Planning and Stabilisation programmes.

That said there is remarkable synergy with our Workforce Strategy and the All Wales Programme

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

1. Delivering Compassinate and Collective Leadership
2. Recruiting and Retaining Great People
3. Engaging Our Staff
4. Delivering a Workforce Fit for Our Future
5. Enabling Our People to Release Their Potential
6. Developing High Performing Teams
7. Delivering Innovation, System Learning and Change Agility
8. Delivering workforce efficiency and effectiveness

As identified in the previous paper, the Strategic Workforce Planning (SWFP) Team are seeking to keep pace and alignment with the national programmes of work as below:

Service/Profession	Current Position	Next Steps
Mental Health Workforce Plan	Plan completed and launched (7 Nov)	Implementation underway – some actions subject to funding
Matneo Workforce Solutions – Phase 1 short term	Priorities identified	Implemented by end 22/23 Phase 2 to commence 23/24
Pharmacy Workforce Plan	Plan at drafting stage	Plan finalised end 22/23
Dentistry Workforce Plan	Initial stage of work	Plan drafted end 22/23
Nursing Workforce Plan – phase 1 short term	Initial stages of work on 5 priority areas	Phase 1 Plan drafted end 22/23 Phase 2 to commence 23/24
Diagnostic Workforce Solutions – short term	Process agreed	Costed and prioritised plan by end 22/23, implementation 23/24
Primary Care Workforce Plan	Scope being agreed	Plan to be completed during 23/24
Genomics Workforce Plan	Scope being agreed	Plan to be completed during 23/24

Source: HEIW

Of the 52 Actions incorporated under the seven workforce themes above the 9 workforce plans there is nothing "inconsistent" in language or ethos, however there is no clear articulation at a national level of what is the perceived gap between workforce demand and supply which is the focal point of workforce planning and is the key tenet that would underpin any strategy that the SWFP Team would seek to develop and the subsequent implementation plan.

As articulated in the WAO Report the Health Board is showing positive benchmarks across other health boards in Wales. Having looked at multiple sources of data i.e., census and reports issued by HEIW on workforce planning our population and key "competitors" as a percentage of population are the same however when consideration is given to the rural dimension, despite geographical challenges the Health Board is keeping pace with national workforce challenges.

Plan	Situation	Key Documents
Mental Health Workforce	Engagement with Service through strategic service lead; attendance at MHLD Workforce Group; Project Support Manager in post with "Ambassador" Diagnostic undertaken on behalf of HEIW with Directorate	Strategic Mental Health Workforce H&SC (May 2023) Strategic Workforce Programme Up
Matneo Workforce Solutions	Engagement with Service through strategic service lead; attendance at MHLD Workforce Group; Project Support Manager in post with "Ambassador" Detailed workforce analysis undertaken for Women & Children Directorate. Specific engagement with Senior Nurse Managers for Midwifery as linked to workforce challenges.	The maternity and neonatal safety s programme's discovery phase repor the foundations for fundamental ch Public Health Wales (nhs.wales)
Pharmacy Workforce Plan	Engagement with Service through Director of Pharmacy Services on launch of Plan in July 2023. Further work will be looked at with the Recovery work and wider alignment	Strategic-pharmacy-workforce-plan

Example Workforce Planning Maturity Model

The model below as developed in 2009 by Korn Ferry; this model although useful at looking at the principles of workforce planning. This does not now offer enough rigour that would be needed for different organisations levels, systems and what we now understand of workforce strategy and organisational development. Further work is needed by colleagues to evolve a model that will enable us to speak to the complexities of the current strategic climate and concerns.

Third Party Assurance for our Workforce Plan is proposed through the development of a group of national colleagues to assess and impart knowledge on opportunities to improve based on a set of criteria that is more fitting to a health system operating in a complex environment.
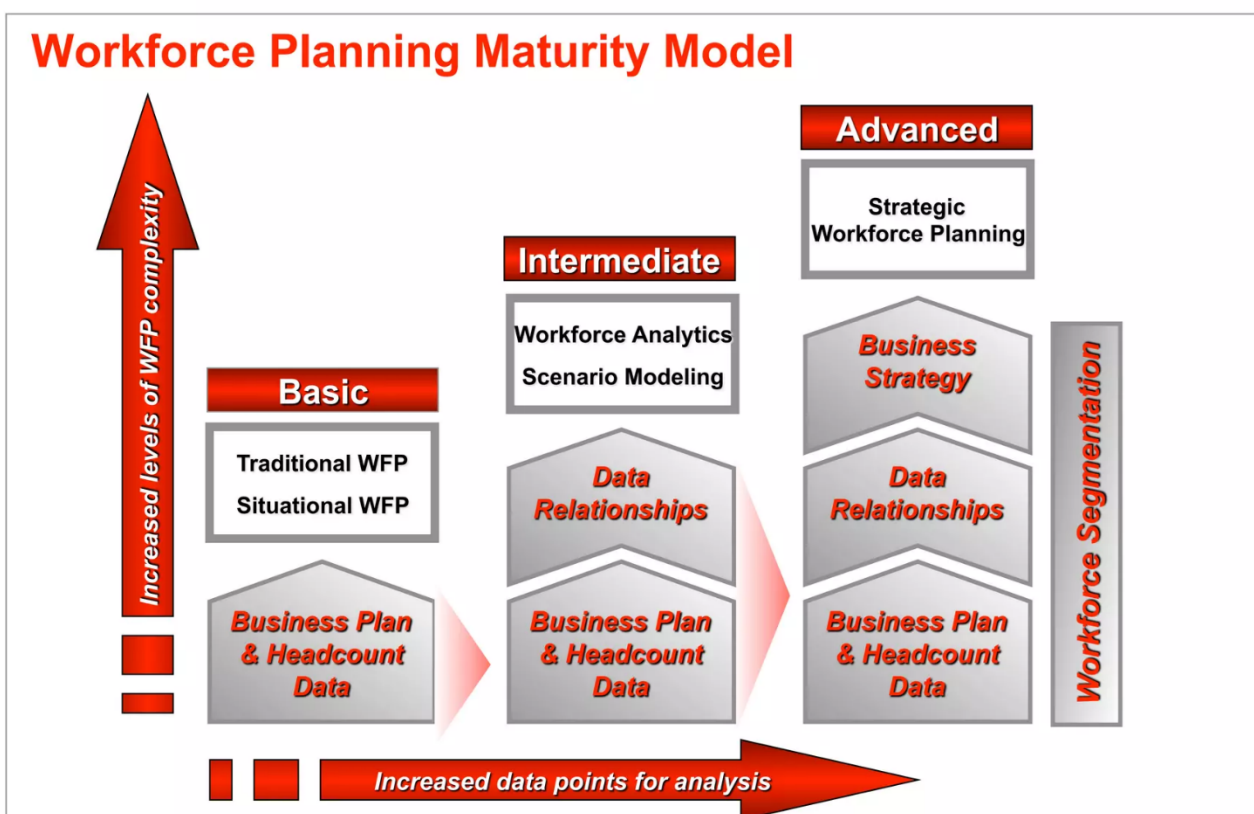
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